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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No.	
County	Maricopa		County Registered No. 506	
District	No 3		Local Registrar's No. 478	
Town	Mesa			
Or City				
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Jane L Knight</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH	
Female	White Indian	MARRIED	<u>July 1</u> 191 <u>8</u>	
	Black Chinese	WIDOWED	(Month) (Day) (Year)	
	Mexican	or DIVORCED		
DATE OF BIRTH			I hereby certify, that I attended deceased from <u>June 27</u>	
<u>May 2</u> 184 <u>9</u>			191 <u>8</u> to <u>July 1</u> 191 <u>8</u> ; that I last saw her alive	
(Month) (Day) (Year)			on <u>July 1</u> 191 <u>8</u> , and that death occurred on the date	
AGE	If less than 1 day		stated above at <u>6:30 P.M.</u> The DISEASE or INJURY causing	
<u>69</u> yrs. <u>1</u> mos. <u>29</u> days	hrs. or min.		death was as follows: <u>Apoplexy</u>	
OCCUPATION	<u>House Wife</u>		(Duration) yrs. mos. days	
(a) Trade, profession or particular kind of work			Was disease contracted in Arizona? <u>Yes</u>	
(b) General nature of industry, business, or establishment in which employed or (employer)			If not, where? _____	
BIRTHPLACE	<u>Iowa</u>		CONTRIBUTORY _____	
(State or country)			(Duration) yrs. mos. days	
NAME OF FATHER	<u>Henry Judd</u>		(Signed) <u>[Signature]</u>	
BIRTHPLACE OF FATHER	<u>Canada</u>		July 1 1918 (Address) <u>Thursday</u>	
(State or country)			In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
MAIDEN NAME OF MOTHER	<u>Lusanna Miller</u>		LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER	<u>Ill.</u>		At place of death <u>7</u> yrs. <u>3</u> mos. <u>3</u> ds. In Arizona <u>33</u> yrs. <u>3</u> mos. <u>3</u> ds.	
(State or country)			Former or Usual Residence <u>Mesa</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Filed <u>7/2</u> 191 <u>8</u> <u>J. E. Drame</u>	
(Informant)	<u>C. W. Brumhall</u>		Local Registrar	
(Address)	<u>Mesa</u>		Filed <u>8-12</u> 191 <u>8</u> <u>A. B. Nichols</u>	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		County Registrar	
<u>Mesa Cemetery</u>	<u>July 2</u> 191 <u>8</u>			
UNDERTAKER	ADDRESS			
<u>W. A. Burton & Son</u>	<u>Mesa</u>			

M. W. W.